

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WASHINGTON

Case number (if known)

Chapter 7

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>University Place Rehabilitation Center, LLC</u>		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	<u>82-1660099</u>		
4. Debtor's address	Principal place of business <u>C/O Orse & Co., Inc. 1932 First Ave., Ste 1088 Seattle, WA 98101</u>	Mailing address, if different from principal place of business <u>P.O. Box, Number, Street, City, State & ZIP Code</u>	Number, Street, City, State & ZIP Code
	<u>King</u> County	Location of principal assets, if different from principal place of business <u>Number, Street, City, State & ZIP Code</u>	
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.8051

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

 Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

If more than 2 cases, attach a separate list.

No.
 Yes.

District	<u>W.D. Washington</u>	When	<u>12/18/20</u>	Case number	<u>20-42793</u>
District	_____	When	_____	Case number	_____

Debtor **University Place Rehabilitation Center, LLC**
Name _____

Case number (*if known*) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No
 Yes.

List all cases. If more than 1, attach a separate list

Debtor	See Attachment	Relationship
District	When _____	Case number, if known _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
 A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
 It needs to be physically secured or protected from the weather.
 It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
 Other _____

Where is the property?

Number, Street, City, State & ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$1,000,001 - \$10 million

\$500,000,001 - \$1 billion

Debtor **University Place Rehabilitation Center, LLC** Case number (*if known*) _____

Name

<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **University Place Rehabilitation Center, LLC** _____
Name _____

Case number (*if known*) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 12, 2023**
MM / DD / YYYY

X /s/ Samuel Zach

Signature of authorized representative of debtor

Samuel Zach

Printed name

Title **Member**

18. Signature of attorney

X /s/ J. Todd Tracy WSBA

Signature of attorney for debtor

Date **June 21, 2023**

MM / DD / YYYY

J. Todd Tracy WSBA #17342

Printed name

The Tracy Law Group PLLC

Firm name

1601 Fifth Ave. Ste 610

Seattle, WA 98101

Number, Street, City, State & ZIP Code

Contact phone **206-624-9894**

Email address _____

WSBA #17342 WA

Bar number and State

Debtor **University Place Rehabilitation Center, LLC** _____ Case number (*if known*) _____
Name _____

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF WASHINGTON

Case number (*if known*) _____ Chapter **7**

Check if this an
amended filing

FORM 201. VOLUNTARY PETITION

Pending Bankruptcy Cases Attachment

Debtor	Renton Healthcare Rehabilitaton Center, LLC	Relationship to you	_____
District	When _____	Case number, if known	_____
Debtor	Talbot Rehabilitation Center, LLC	Relationship to you	_____
District	When _____	Case number, if known	_____

Fill in this information to identify the case:

Debtor name University Place Rehabilitation Center, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF WASHINGTON

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 21, 2023

X /s/ Samuel Zach

Signature of individual signing on behalf of debtor

Samuel Zach

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **University Place Rehabilitation Center, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **0.00**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **0.00**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **0.00**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **1,387,547.56**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **6,677,015.17**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **8,064,562.73**

Fill in this information to identify the case:

Debtor name **University Place Rehabilitation Center, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.
 Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Debtor **University Place Rehabilitation Center, LLC** _____ Case number (*If known*) _____
Name _____

Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.

Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.

Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

Debtor University Place Rehabilitation Center, LLC _____ Case number (*If known*) _____
Name _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$0.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$0.00</u>

Fill in this information to identify the case:

Debtor name **University Place Rehabilitation Center, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **University Place Rehabilitation Center, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Ops. PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	\$849,934.35 \$849,934.35
		Basis for the claim:	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address WA Dept of Revenue Bankruptcy & Claims Unit 2101 4th Ave #1400 Seattle, WA 98121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Date or dates debt was incurred Last 4 digits of account number 0914 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	\$370,123.61 \$297,430.26
		Basis for the claim:	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)		
	Name			
2.3	<p>Priority creditor's name and mailing address WA State Department of Labor & Industries Bankruptcy Unit PO Box 44171 Olympia, WA 98504</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number 6351</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$167,489.60	\$167,489.60

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<p>Nonpriority creditor's name and mailing address 3WIRE LLC PO Box 102205 Pasadena, CA 91189-2205</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.2	<p>Nonpriority creditor's name and mailing address A AND R PRESSURE WASHING-STEAM PO BOX 45312 TACOMA, WA 98448</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.3	<p>Nonpriority creditor's name and mailing address A Plus Healthcare LLC 6721 Regents BLVD Tacoma, WA 98466</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.4	<p>Nonpriority creditor's name and mailing address ACCELERATED CARE PLUS (RENT) 13828 COLLECTIONS CTR DR Chicago, IL 60693</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number 1069</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$16,320.84
3.5	<p>Nonpriority creditor's name and mailing address ADP INC PO BOX 842875 Boston, MA 02284-2875</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,449.11

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.6	Nonpriority creditor's name and mailing address Advance Business Capital 701 Canyon DR #105 Coppell, TX 75019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275,000.00
3.7	Nonpriority creditor's name and mailing address Air Management Soulutions LLC 5822 W Werner Rd Bremerton, WA 98312 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.8	Nonpriority creditor's name and mailing address AIRE PRO INC 2921 MERIDIAN AVENUE E Puyallup, WA 98371 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$214.25
3.9	Nonpriority creditor's name and mailing address ALLSCRIPTS 24630 NETWORK PLACE Chicago, IL 60673-1246 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,954.47
3.10	Nonpriority creditor's name and mailing address ALLSTREAM PO BOX 734521 CHICAGO, IL 60673-4521 Date(s) debt was incurred _____ Last 4 digits of account number <u>2607</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address American Landscape Services, LLC P.O. Box 8327 Lacey, WA 98509-8327 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$469.42
3.12	Nonpriority creditor's name and mailing address AMERICAN TECH CORP PO BOX 39036 LAKEWOOD, WA 98499 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.13	Nonpriority creditor's name and mailing address AMF FINANCIAL SERVICES 405 S SCIENCE DRIVE Moorpark, CA 93021 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.14	Nonpriority creditor's name and mailing address AMN HEALTHCARE ALLIED INC PO BOX 281939 Atlanta, GA 30384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,664.00
3.15	Nonpriority creditor's name and mailing address ANN KERSHUL c/o UNIVERSITY PL. 5520 BRIDGEPORT WAY W #2041 UNIVERSITY PLACE, WA 98467 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.16	Nonpriority creditor's name and mailing address APA Benefits 8899 S 700 East #225 Sandy, UT 84070 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.00
3.17	Nonpriority creditor's name and mailing address APPLOI CORP 450 Lexington Ave #839 New York NY 10163 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,925.00
3.18	Nonpriority creditor's name and mailing address Asset Protection Unit, Inc P.O. Box 33061 Amarillo, TX 79120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.54
3.19	Nonpriority creditor's name and mailing address ASURINT 1111 SUPERIOR AVENUE E. Cleveland, OH 44114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.20	<p>Nonpriority creditor's name and mailing address ATS TRANS, LLC 2220 S TACOMA WAY STE B Tacoma, WA 98409</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,124.02
3.21	<p>Nonpriority creditor's name and mailing address AUBURN MECHANICAL,INC PO BOX 249 Auburn, WA 98071</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$16,789.43
3.22	<p>Nonpriority creditor's name and mailing address Avalon Health Care Group 206 N 21000 West Salt Lake City, UT 84116</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.23	<p>Nonpriority creditor's name and mailing address Axiom Healthcare Group 2351 Sunset Blvd #170-897 Rocklin, CA 95765</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.24	<p>Nonpriority creditor's name and mailing address Bank Direct Capital Finance 150 N Field DR #190 Lake Forest, IL 60045-0230</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$20,752.02
3.25	<p>Nonpriority creditor's name and mailing address BankDirect Capital Finance PO Box 660448 Dallas, TX 75266-0448</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>7361</u></p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$17,760.03
3.26	<p>Nonpriority creditor's name and mailing address BARGREEN ELLINGSON INC 6626 TACOMA BLVD #B Tacoma, WA 98409</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Notice only</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.27	Nonpriority creditor's name and mailing address BELLEVUE HEALTHCARE ATTN: ALICIA 2015 152ND AVE NE REDMOND, WA 98052-5521	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.28	Nonpriority creditor's name and mailing address BENJAMIN MEDICAL, PLLC 1340 ALLEGHENY CT SE OLYMPIA, WA 98503	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,600.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.29	Nonpriority creditor's name and mailing address BIEHL & BIEHL, INC. PO BOX 87410 CAROL STREAM, IL 60188-7410	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,181.88
Date(s) debt was incurred _____			
Last 4 digits of account number <u>8068</u>			
3.30	Nonpriority creditor's name and mailing address BRIGGS MEDICAL SERVICES CO. 4900 UNIVERSITY AVE #200 West Des Moines, IA 50266	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$54.03
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.31	Nonpriority creditor's name and mailing address BRIGHTON REHABILITATION LLC 206 NORTH 2100 WEST Salt Lake City, UT 84116	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,593.20
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.32	Nonpriority creditor's name and mailing address Building Engines, Inc. 33 Arch Street, #3200 Boston, MA 02110	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,964.84
Date(s) debt was incurred _____			
Last 4 digits of account number <u>g924</u>			
3.33	Nonpriority creditor's name and mailing address C.F. Franklin L.P. 2980 Beverly Glen Circle Suite 300 Los Angeles, CA 90077	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675,827.31
Date(s) debt was incurred _____			
Last 4 digits of account number _____			

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.34	Nonpriority creditor's name and mailing address CALCULATED RESEARCH & TECH. 629 E QUALITY DR. American Fork, UT 84003	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address CANON FINANCIAL SERVICES INC 14904 COLLECTIONS CTR DR Chicago, IL 606930149	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address CANON SOLUTIONS AMERICA INC 15004 COLLECTIONS CTR DR Chicago, IL 60693	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address CAREERSTAFF UNLIMITED INC PO BOX 301076 Dallas, TX 75303	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address CARING HANDS STAFFING PO BOX 44181 TACOMA, WA 98448	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address CASCADE FIRE & SECURITY PO BOX 7459 Covington, WA 98042	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	Nonpriority creditor's name and mailing address CenturyLink PO BOX 91155 Seattle, WA 98111-9255	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number <u>309B</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.41	Nonpriority creditor's name and mailing address CHARLIE CARDINAL VOICEOVER ARTIST/ENTER 8501 WILLOWWOOD CIR SW Tacoma, WA 98498	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.42	Nonpriority creditor's name and mailing address CITY OF TACOMA PO BOX 11010 Tacoma, WA 98411-1010	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,384.48
Date(s) debt was incurred _____			
Last 4 digits of account number <u>4535</u>			
3.43	Nonpriority creditor's name and mailing address CLINICAL RESOURCES LLC 3338 PEACHTREE ROAD NE #102 ATLANTA, GA 30326	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,854.65
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.44	Nonpriority creditor's name and mailing address Colonial Life Premuim Process PO Box 903 Columbia, SC 29202-0903	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number <u>6535</u>			
3.45	Nonpriority creditor's name and mailing address COMCAST - BUSINESS PO BOX 60533 CITY OF INDUSTRY, CA 91716-0533	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$702.03
Date(s) debt was incurred _____			
Last 4 digits of account number <u>2060</u>			
3.46	Nonpriority creditor's name and mailing address COMFORT SYSTEMS USA 3602 S. PINE STREET TACOMA, WA 98409	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number <u>4601</u>			
3.47	Nonpriority creditor's name and mailing address COMMUNICATION SOLUTIONS LLC 9927 NE 144TH Lane #808 Kirkland, WA 98034	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$842.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.48	Nonpriority creditor's name and mailing address CONCENTRA MEDICAL CENTERS PO BOX 3700 Rancho Cucamonga, CA 91729-3700 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$196.00
3.49	Nonpriority creditor's name and mailing address COORDINATED CARE CENTENE MANAGEMENT CORP 164 Division St #703-4 Elgin, IL 60120 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,299.38
3.50	Nonpriority creditor's name and mailing address CREST HEALTHCARE SUPPLIES PO BOX 727 Dassel, MN 55325-0727 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.51	Nonpriority creditor's name and mailing address CROSS CULTURAL COMMUNICATIONS INC P O BOX 2166 SUMNER, WA 98390 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77.00
3.52	Nonpriority creditor's name and mailing address DAVIS DOOR SERVICES INC 2021 S GRAND ST Seattle, WA 98144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.53	Nonpriority creditor's name and mailing address Delta Dental of California PO Box 44460 San Francisco, CA 94144-0460 Date(s) debt was incurred _____ Last 4 digits of account number <u>iv12</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.54	Nonpriority creditor's name and mailing address DEP OF LABOR & INDUSTRIES WA PO BOX 24106 Seattle, WA 98124-6524 Date(s) debt was incurred _____ Last 4 digits of account number <u>648,9201</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.55	Nonpriority creditor's name and mailing address DEPARTMENT OF ECOLOGY PO BOX 34050 Seattle, WA 98124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$52.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address Department of Health PO Box 1099 Olympia, WA 98507-1099 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57	Nonpriority creditor's name and mailing address Department of the Treasury Internal Revenue Service Ogden, UT 84201-0035 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$410.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address DEPENDABLE NURSING SERVICES 33305 1ST WAY SOUTH B-100 Federal Way, WA 98003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$95,211.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address DEPT OF SOCIAL & HEALTH SRVCS PO BOX 9501 Olympia, WA 98507-9501 Date(s) debt was incurred _____ Last 4 digits of account number <u>1553</u>	As of the petition filing date, the claim is: Check all that apply. \$44,206.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address DEPT. OF LABOR & INDUSTRIES PO BOX 34974 SEATTLE, WA 98124-1974 Date(s) debt was incurred _____ Last 4 digits of account number <u>6351</u>	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	Nonpriority creditor's name and mailing address DEPT. OF LABOR & INDUSTRIES BOILER PRESSURE VESSEL SECTION PO BOX 44410 OLYMPIA, WA 98504-4410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.62	Nonpriority creditor's name and mailing address DIETITIAN CONSULTING SERVICE 8015 SE 28TH ST #304 Mercer Island, WA 98040	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address Diligent Healthcare Staffing 33530 1st Way S #102 Federal Way, WA 98003	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address DIRECT SUPPLY INC Attn: Financial Services 6767 N INDUSTRIAL ROAD Milwaukee, WI 53223	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address DIRECTV P.O. Box 5006 Carol Stream, IL 60197-5006	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number <u>4815</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address Directv P.O. Box 105249 Atlanta, GA 30348-5249	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number <u>6346</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address DIRECTV 7042 PO BOX 105249 Atlanta, GA 30348-5249	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number <u>7042</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address DOUGLAS P WORNELL PO BOX 414 Fox Island, WA 98333-0414	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.69	Nonpriority creditor's name and mailing address Drain Away Plumbing, Inc. P. O. Box 656 Auburn, WA 98071 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.70	Nonpriority creditor's name and mailing address DRAIN PRO, INC. 5111 85th AVE E BUILDING C-2 PUYALLUP, WA 98371 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.71	Nonpriority creditor's name and mailing address DHS Office of Fin. Recovery P.O. Box 9501 Olympia, WA 98507-9501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Overpayment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481,511.64
3.72	Nonpriority creditor's name and mailing address ECOLAB - MONTHLY PO BOX 100512 Pasadena, CA 91189 Date(s) debt was incurred _____ Last 4 digits of account number <u>2403</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.73	Nonpriority creditor's name and mailing address ECOLAB - SUPPLIES PO BOX 100512 PASADENA, CA 91189-0512 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.74	Nonpriority creditor's name and mailing address EMPLOYMENT SECURITY DEPARTMENT UI TAX AND WAGE ADMINISTRATION PO BOX 9046 OLYMPIA, WA 98507-9046 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.75	Nonpriority creditor's name and mailing address F&F Associates DBA Consonus Attn: Courtney Corda 4560 SE International Way #100 Milwaukie, OR 97222 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,177.06

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.76	Nonpriority creditor's name and mailing address FEDEX (7221) PO BOX 7221 Pasadena, CA 91109-7321 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.20
3.77	Nonpriority creditor's name and mailing address FERGUSON ENTERPRISES INC (TX) PO BOX 847411 Dallas, TX 75284 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267.16
3.78	Nonpriority creditor's name and mailing address FidaLab LLC 4242 22nd Ave W. Seattle, WA 98199 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00
3.79	Nonpriority creditor's name and mailing address First American Title Ins. Co. National Commercial Services 777 S. Figueroa St. #400 Los Angeles, CA 90017 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.80	Nonpriority creditor's name and mailing address FOCUS CUSTOM SOURCING SOLUTION 110 HAVERHILL ROAD Amesbury, MA 01913 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,143.99
3.81	Nonpriority creditor's name and mailing address FRANCISCAN HOSPICE ATTN ACCOUNTS PAYABLE 2901 Bridgeport Way W UNIVERSITY PLACE, WA 98466 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,438.26
3.82	Nonpriority creditor's name and mailing address FRANCISCAN MEDICAL GROUP PO BOX 31001-1518 Pasadena, CA 91110-1518 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.13

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.83	Nonpriority creditor's name and mailing address GALLAGHER BENEFIT SRVCS INC 2 PIERCE PLACE Itasca, IL 60143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$36,836.37
3.84	Nonpriority creditor's name and mailing address GG ELECTRIC INC. PO BOX 8687 TACOMA, WA 98418-8687 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$0.00
3.85	Nonpriority creditor's name and mailing address GK INDUSTRIAL REFUSE SYSTEMS 3207 C STREET NE Auburn, WA 98002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$0.00
3.86	Nonpriority creditor's name and mailing address Glacier Fire Protection PO Box 7980 Bonney Lake, WA 98391 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$0.00
3.87	Nonpriority creditor's name and mailing address GOOD TO GO! WSDOT PO Box 300326 Seattle, WA 98103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$26.00
3.88	Nonpriority creditor's name and mailing address GRAINGER PO BOX 419267 Kansas City, MO 64141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$76.56
3.89	Nonpriority creditor's name and mailing address GRAINGER (MO) PO BOX 419267 Kansas City, MO 64141 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$796.43

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.90	<p>Nonpriority creditor's name and mailing address GRAINGER - IL GRAINGER - Dept. 810288357 Kansas City, MO 64141-6267</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,580.66
3.91	<p>Nonpriority creditor's name and mailing address GRANITE TELECOMMUNICATIONS LLC CLIENT ID 311 PO BOX 983119 Quincy, MA 02298</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$153.06
3.92	<p>Nonpriority creditor's name and mailing address GUARDIAN SECURITY 1743 1ST AVENUE S Seattle, WA 98134-1432</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$342.89
3.93	<p>Nonpriority creditor's name and mailing address HANSEN HUNTER AND COMPANY PC 8930 SW GEMINI DR BEAVERTON, OR 97008</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.94	<p>Nonpriority creditor's name and mailing address Harbor Audiology 1901 S. 72nd St, #A14 Tacoma, WA 98408</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice only</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.95	<p>Nonpriority creditor's name and mailing address HARBORVIEW MEDICAL CENTER PO BOX 34001 Seattle, WA 98124</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$123.84
3.96	<p>Nonpriority creditor's name and mailing address Harvard Partners of Washington 1606 8th Ave N Seattle, WA 98109</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$47,961.19

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.97	Nonpriority creditor's name and mailing address HAWAII BUSINESS PHOTO LLC 2235-B AULII ST Honolulu, HI 96817 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$836.65
3.98	Nonpriority creditor's name and mailing address HD SUPPLIES FACILITIES MAINT. PO BOX 509058 San Diego, CA 92150-9058 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,312.35
3.99	Nonpriority creditor's name and mailing address HEALTH RECORDS FORMS 8102 119 STREET EAST Puyallup, WA 98373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$354.75
3.100	Nonpriority creditor's name and mailing address Healthcare Academy 526 Main St, PO Box 325 Henderson, MN 56044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.101	Nonpriority creditor's name and mailing address HI Health Innovations 3022 Momentum Place Chicago, IL 60689-5330 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$609.00
3.102	Nonpriority creditor's name and mailing address Hillis Clark Martin & Peterson, P.S. 999 3rd Ave #4600 Seattle, WA 98104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.103	Nonpriority creditor's name and mailing address HIRERIGHT LLC PO BOX 847891 Dallas, TX 75284-7891 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,672.70

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.104	Nonpriority creditor's name and mailing address HOBART SERVICE ITW FOOD EQUIP GROUP LLC PO BOX 2517 CAROL STREAM, IL 60132-2517	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number <u>9566</u>			
3.105	Nonpriority creditor's name and mailing address Hunt's Services 8111 Pacific Hwy E Tacoma, WA 98422	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.106	Nonpriority creditor's name and mailing address INDEPENDENCE REHAB LLC Attn: Jason Crump 5314 N River Run DR #140 Provo, UT 84604	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$141,267.33
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.107	Nonpriority creditor's name and mailing address INDUSTRIAL CHEM LABS 55-G BROOK AVE. DEER PARK, NY 11729	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168.14
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.108	Nonpriority creditor's name and mailing address INMOTION IMAGING LLC PO BOX 24198 Seattle, WA 98124	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.109	Nonpriority creditor's name and mailing address Intac Actuarial Services Inc 50 Tice BLVD #151 Woodcliff Lake, NE 07677	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
Date(s) debt was incurred _____			
Last 4 digits of account number _____			
3.110	Nonpriority creditor's name and mailing address INTERPATH LABORATORY INC PO BOX 1208 Pendleton, OR 97801	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,049.32
Date(s) debt was incurred _____			
Last 4 digits of account number _____			

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.111	Nonpriority creditor's name and mailing address INTERSTATE CAPITAL CORPORATION PO BOX 915183 Dallas, TX 75391 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112	Nonpriority creditor's name and mailing address Iron Mountain PO BOX 27128, New York, NY 10087-7128 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$307.76
3.113	Nonpriority creditor's name and mailing address IV NURSE CONSULTANTS INC 818 39th Ave. SW # A-1 Puyallup, WA 98373-3603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,590.00
3.114	Nonpriority creditor's name and mailing address Jan Pro Cleaning 500 S 336th St Ste #201 Federal Way, WA 98003 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address Jive Communications Inc. PO BOX 412252 Boston, MA 02241-2252 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$803.07
3.116	Nonpriority creditor's name and mailing address KCI USA PO Box 301557 Dallas, TX 75303-1557 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117	Nonpriority creditor's name and mailing address KERSEY MOBILITY FOR LIFE PO BOX 928 SUMNER, WA 98390 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$847.20

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.118	Nonpriority creditor's name and mailing address KNIGHT COMMUNICATIONS LLC 6032 FASHION POINT DR So. Ogden, UT 84403 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,046.27
3.119	Nonpriority creditor's name and mailing address KROUSE'S ELECTRIC, INC PO BOX 1213 Roy, WA 98580 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.76
3.120	Nonpriority creditor's name and mailing address LAB CORP OF AMERICA KIMBALL GENETICS PO BOX 2270 Burlington, NC 27216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,466.04
3.121	Nonpriority creditor's name and mailing address LABORATORY CORP OF AMERICA LABCORP P.O. BOX 12140 Burlington, NC 27216-2140 Date(s) debt was incurred _____ Last 4 digits of account number 3590	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,685.72
3.122	Nonpriority creditor's name and mailing address LEGACY TELECOMMUNICATIONS INC 8102 SKANSIE AVE GIG HARBOR, WA 98335 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$470.09
3.123	Nonpriority creditor's name and mailing address LIBERTY DISTRIBUTING, INC 909 VALLEY AVE NW Puyallup, WA 98371 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,101.12
3.124	Nonpriority creditor's name and mailing address LIFE SAFETY SERVICES INC PO BOX 831 Issaquah, WA 98027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$695.51

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.125	Nonpriority creditor's name and mailing address LUTHERAN COMMUNITY SERV. NW 4040 S 188TH ST # 300 Seattle, WA 98188	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126	Nonpriority creditor's name and mailing address MACDONALD MILLER FAC. SOLUTION PO BOX 47983 Seattle, WA 98146	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address MARTIN HIPSCHMAN 3217 OVERLAND AVE #7109 Los Angeles, CA 90034	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address McCabe's Automotive Specialist 3147 Bridgeport Way W University Place, WA 98466	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129	Nonpriority creditor's name and mailing address MCKESSON MEDICAL -SURGICAL MINNESOTA SUPP 9954 Mayland DR #4000 Richmond, VA 23233	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address MCKESSON MEDICAL -SURGICAL SUPPLY INC PO BOX 204786 DALLAS, TX 75320-4786	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131	Nonpriority creditor's name and mailing address MDS Trust Attn: Matthew Santelli PO Box 65625 Tacoma, WA 98464	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.132	Nonpriority creditor's name and mailing address MED PASS INC 1 Reynolds Way Dayton, OH 45420 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$622.97
3.133	Nonpriority creditor's name and mailing address MEDICAL SOLUTIONS LLC PO BOX 310737 DES MOINES, IA 50331-0737 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,847.50
3.134	Nonpriority creditor's name and mailing address MEDLINE INDUSTRIES INC DEPT 1080 PO BOX 121080 Dallas, TX 75312-1080 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,045.72
3.135	Nonpriority creditor's name and mailing address MERIDIAN SCALE 8702 S 222ND ST. Kent, WA 98031 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.136	Nonpriority creditor's name and mailing address Miguel Maldonado c/o Luvera Law Firm 701 Fifth Ave., Ste 6700 Seattle, WA 98104 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Pending personal injury litigation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.137	Nonpriority creditor's name and mailing address MULTICARE AUBURN MEDICAL TACOMA GENERAL PO BOX 34779 Seattle, WA 98124 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.37
3.138	Nonpriority creditor's name and mailing address MULTICARE HEALTH SYSTEM PO BOX 34697 Seattle, WA 98124-1779 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.68

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.139	Nonpriority creditor's name and mailing address Nancy Caviezel 2825 S 304th St. Federal Way, WA 98003	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.140	Nonpriority creditor's name and mailing address NATIONAL PURCHASING CORP-HPSI 1 ADA SUITE 150 Irvine, CA 92618	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: — Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,705.16
3.141	Nonpriority creditor's name and mailing address NATURAL WAVE - RC, INC PO BOX 447 Kent, WA 98035	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: — Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,486.55
3.142	Nonpriority creditor's name and mailing address Neopost USA Inc Dept 3689 P.O. Box 123689 Dallas, TX 75312-3689	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: — Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$342.28
3.143	Nonpriority creditor's name and mailing address NORTHWEST CASCADE INC FLOHAWKS PO Box 73399 Puyallup, WA 98373	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.144	Nonpriority creditor's name and mailing address NORTHWEST MEDICAL SPECIALTIES PO BOX 4108 Portland, OR 97208	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: — Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22.63
3.145	Nonpriority creditor's name and mailing address OFFICE OF FINANCIAL RECOVERY Estate Recovery PO Box 9501 Olympia, WA 98507-9501	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.146	Nonpriority creditor's name and mailing address OMNICARE INC 900 Omnicare Center 201 E 4th Street Cincinnati, OH 45202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.147	Nonpriority creditor's name and mailing address Omnicare, Inc. Dept 781671 P.O. Box 78000 Detroit, MI 48278-1671 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,502.91
3.148	Nonpriority creditor's name and mailing address ON-HOLD CONCEPTS 5521 100TH STREET SW Tacoma, WA 98499 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.149	Nonpriority creditor's name and mailing address OPTIMA HEALTHCARE SOLUTIONS PO BOX 531734 ATLANTA, GA 30353-1734 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150	Nonpriority creditor's name and mailing address Orkin PO Box 7161 Pasadena, CA 91109-7161 Date(s) debt was incurred _____ Last 4 digits of account number <u>8119</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$230.80
3.151	Nonpriority creditor's name and mailing address PACIFIC BREEZE PRODUCT INC 2328 Gibson Rd Everett, WA 98204 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.152	Nonpriority creditor's name and mailing address PACIFIC OFFICE AUTOMATION 14747 NW GREENBRIER PKWY BEAVERTON, OR 97006 Date(s) debt was incurred _____ Last 4 digits of account number <u>D955</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,448.80

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.153	Nonpriority creditor's name and mailing address PACIFIC OFFICE AUTOMATION 14747 NW GREENBRIER PKWY BEAVERTON, OR 97006	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number <u>G004</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address PACIFIC OFFICE AUTOMATION - LEASE 51043 PO BOX 51043 Los Angeles, CA 90051-5343	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	Nonpriority creditor's name and mailing address PACIFIC POWER GROUP LLC PO BOX 748720 Los Angeles, CA 90074-8720	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	Nonpriority creditor's name and mailing address PAYLESS DRUG 18110 SE 34TH STREET Vancouver, WA 98683	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.157	Nonpriority creditor's name and mailing address PEGASUS LIFTS, LLC 2825 East Main Ave Puyallup, WA 98372	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158	Nonpriority creditor's name and mailing address People 2.0 Global LP PO Box 31001-1288 Pasadena, CA 91110-1288	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number <u>4550</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.159	Nonpriority creditor's name and mailing address Pierce County Assessor-Treas. PO Box 11621 Tacoma, WA 98411-3321	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.160	Nonpriority creditor's name and mailing address PIERCE COUNTY SEWER PO BOX 11620 Tacoma, WA 98411-6620 Date(s) debt was incurred _____ Last 4 digits of account number <u>2282</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,079.28
3.161	Nonpriority creditor's name and mailing address PINNACLE QUALITY INSIGHT 7440 S CREEK RD Sandy, UT 84093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,914.00
3.162	Nonpriority creditor's name and mailing address POINTCLICKCARE TECHNOLOGIES PO BOX 674802 Detroit, MI 48267 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,230.78
3.163	Nonpriority creditor's name and mailing address POST ACUTE MEDICAL PLLC 1201 PACIFIC AVE SUITE C6 TACOMA, WA 98402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.164	Nonpriority creditor's name and mailing address Powerclean P.O. BOX 2304 Olympia WA 98507 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.165	Nonpriority creditor's name and mailing address Prime Time Healthcare LLC RN Division c/o American Nat'l Bank P.O. Box 3544 Omaha, NE 68103-0544 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,778.39
3.166	Nonpriority creditor's name and mailing address Print NW, LLC 9914 32nd Ave S Lakewood, WA 98499 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$294.19

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.167	Nonpriority creditor's name and mailing address PROCARE ACADEMY OF WA 3773 A MARTIN WAY E #102 Olympia, WA 98506 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,316.00
3.168	Nonpriority creditor's name and mailing address PROLIANCE SURGEONS PS (SEA) 601 BROADWAY Seattle, WA 98122 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$64.68
3.169	Nonpriority creditor's name and mailing address PROPACPAYLESS PHARMACY PO Box 6989 Portland, OR 97228-6989 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61,649.33
3.170	Nonpriority creditor's name and mailing address PUBLIC HOSP DIST. NO 1 - VALLEY MEDICAL PO BOX 34551 Seattle, WA 98124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$599.55
3.171	Nonpriority creditor's name and mailing address PUGET SOUND ENERGY 10885 NE 4th Street Bellevue, WA 98004 Date(s) debt was incurred _____ Last 4 digits of account number <u>8712</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,246.01
3.172	Nonpriority creditor's name and mailing address QUADIENT FINANCE USA, INC. PO BOX 6813 CAROL STREAM, IL 60197-6813 Date(s) debt was incurred _____ Last 4 digits of account number <u>3295</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173	Nonpriority creditor's name and mailing address R&T HOOD AND DUCT SERVICES, INC. 6100 12TH AVE S Seattle, WA 98108-2768 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.174	Nonpriority creditor's name and mailing address Regence BlueShield PO Box 2597 Portland, OR 97208-2597	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number 5001	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address RESTAURANT EQUIP. SRVC 14004 144th Ave SE Renton, WA 98059	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address RICOH - WELLS FARGO VENDOR FINANCIAL SVS PO BOX 650073 DALLAS, TX 75265	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.177	Nonpriority creditor's name and mailing address Roto-Rooter Services Company 5672 Collections CTR DR Chicago, IL 60693-0056	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.178	Nonpriority creditor's name and mailing address SCHRIVVER MEDICAL 12075 E 45TH AVE #600 Denver, CO 80239-2519	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.179	Nonpriority creditor's name and mailing address SCHRIVVER MEDICAL 12075 E 45TH AVE #600 Denver, CO 80239-2519	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.180	Nonpriority creditor's name and mailing address SECURE IT SELF STORAGE 2121 SOUTH ORCHARD STREET Tacoma, WA 98466	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.181	Nonpriority creditor's name and mailing address SHI INTERNATIONAL CORP 290 DAVIDSON AVE Somerset, NJ 08873 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,081.20
3.182	Nonpriority creditor's name and mailing address SIMPLELTC TC SYSTEMS INC 2435 N CENTRAL EXPY #1510 Richardson, TX 75080 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183	Nonpriority creditor's name and mailing address SIMPSON, UCHITEL & WILSON, LLP ONE AMERIS CENTER, #1100 3490 PIEDMONT RD NE ATLANTA, GA 30305 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.184	Nonpriority creditor's name and mailing address Sizewise Rentals Brittany McCampbell 204 W. 2nd Street Ellis, KS 67637 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,523.23
3.185	Nonpriority creditor's name and mailing address Sizewise Rentals Attn: Accounts Receivable PO Box 320 Ellis, KS 67637 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,123.05
3.186	Nonpriority creditor's name and mailing address Smart Care Equipment Solutions EEC Acquisition LLC PO Box 74008980 Chicago, IL 60674-8980 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,360.29
3.187	Nonpriority creditor's name and mailing address SMILE SEATTLE DENTURES 419 SOUTH 4TH STREET Renton, WA 98057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,100.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.188	Nonpriority creditor's name and mailing address SOUND HEALTH MEDICAL SUPPLY 2811 S 12TH STREET Tacoma, WA 98405 Date(s) debt was incurred _____ Last 4 digits of account number <u>8694</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,108.84
3.189	Nonpriority creditor's name and mailing address SPECIALIZED MEDICAL SERVICES 7237 SOLUTION CENTER Chicago, IL 60677-7002 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,454.96
3.190	Nonpriority creditor's name and mailing address SPRAGUE PEST SOLUTIONS PO BOX 35129 Seattle, WA 98124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.191	Nonpriority creditor's name and mailing address Sr. Living Investment Brokerag 490 Pennsylvania Ave Glen Ellyn, IL 60137 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$834.00
3.192	Nonpriority creditor's name and mailing address SS LANDSCAPING SERVICES INC 10219 PORTLAND AVE E #D Tacoma, WA 98445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$868.21
3.193	Nonpriority creditor's name and mailing address ST CLARE HOSPITAL 11315 BRIDGEPORT WAY SW Tacoma, WA 98499 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216.83
3.194	Nonpriority creditor's name and mailing address STANLEY CONVERGENT SECURITY SOLUTIONS, INC DEPT. CH 10651 PALATINE, IL 60055 Date(s) debt was incurred _____ Last 4 digits of account number <u>1772</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,533.09

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.195	Nonpriority creditor's name and mailing address STANLEY HEALTHCARE DEPT. CH 10504 PALATINE, IL 60055-0504 Date(s) debt was incurred __ Last 4 digits of account number <u>1115</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196	Nonpriority creditor's name and mailing address STAPLES CONTRACT & COMM INC- STAPLES ADV PO BOX 660409 DALLAS, TX 75266-0409 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,269.60
3.197	Nonpriority creditor's name and mailing address Stericycle P.O. BOX 6578 Carol Stream, IL 60197-6578 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.198	Nonpriority creditor's name and mailing address Sun Mar Management Services ATTN Bill Presnell 3050 Saturn Street #201 Brea, CA 92821 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199	Nonpriority creditor's name and mailing address SUPPLEMENTAL HEALTH CARE PO BOX 677896 Dallas, TX 75267-7896 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,172.96
3.200	Nonpriority creditor's name and mailing address SWS Equipment PO BOX 1304 Spokane Valley, WA 99213-3040 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.201	Nonpriority creditor's name and mailing address SYSCO SEATTLE, INC P.O. BOX 97054 Kent, WA 98064 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101,656.43

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.202	Nonpriority creditor's name and mailing address TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 SOUTH D STREET TACOMA, WA 98148 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203	Nonpriority creditor's name and mailing address TALLGRASS TECHNOLOGIES 14647 W 95th St Lenexa, KS 66215 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.204	Nonpriority creditor's name and mailing address Tax Advisors PLLC 203 SE Park Plaza Dr #230 Vancouver, WA 98684 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.205	Nonpriority creditor's name and mailing address The Capital Foresight L.P. 2980 Beverly Glen Circle Suite 300 Los Angeles, CA 90077 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>All assets</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,354,715.55
3.206	Nonpriority creditor's name and mailing address The Hartford PO Box 660916 Dallas, TX 75266-0916 Date(s) debt was incurred _____ Last 4 digits of account number <u>9700</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,251.96
3.207	Nonpriority creditor's name and mailing address The Nathanson Group PLLC One Union Square 600 University ST #2000 Seattle, WA 98101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.208	Nonpriority creditor's name and mailing address The Repair Works 8812 36th St. W Tacoma, WA 98466 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$781.71

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.209	Nonpriority creditor's name and mailing address TOTALFUNDS PO BOX 6813 Carol Stream, IL 60197-6813 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.210	Nonpriority creditor's name and mailing address TOTALFUNDS PO BOX 6813 CAROL STREAM, IL 60197-6813 Date(s) debt was incurred _____ Last 4 digits of account number <u>3295</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.211	Nonpriority creditor's name and mailing address TUELL & YOUNG, P.S. 1457 S UNION AVENUE Tacoma, WA 98405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.212	Nonpriority creditor's name and mailing address Twin Med Equipment & Services Attn: TwinMed P.O. Box 782945 Philadelphia, PA 19178-2945 Date(s) debt was incurred _____ Last 4 digits of account number <u>910</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.213	Nonpriority creditor's name and mailing address TwinMed LLC P.O. Box 847340 Los Angeles, CA 90084-7340 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.214	Nonpriority creditor's name and mailing address UNIVERSITY PLACE REFUSE 2815 RICGESTER STREET Tacoma, WA 98466 Date(s) debt was incurred _____ Last 4 digits of account number <u>9444</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	Nonpriority creditor's name and mailing address UNUM LIFE INSURANCE COMPANY OF AMERICA PO BOX 409548 ATLANTA, GA 30384-9548 Date(s) debt was incurred _____ Last 4 digits of account number <u>0001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name		
3.216	Nonpriority creditor's name and mailing address UNUM LIFE INSURANCE COMPANY OF AMERICA PO BOX 409548 ATLANTA, GA 30384-9548	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number <u>1001</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.217	Nonpriority creditor's name and mailing address UNUM LIFE INSURANCE COMPANY OF AMERICA PO BOX 409548 ATLANTA, GA 30384-9548	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number <u>2001</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	Nonpriority creditor's name and mailing address US FOODS , INC. P.O. Box 94781 Seattle, WA 98124-7081	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number <u>2994</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address US HEALTHWORKS MED GROUP OF WASHINGTON PO BOX 50046 LOS ANGELES, CA 90074-0046	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address US Standard Products PO Box 5509 Englewood, NJ 07631	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.221	Nonpriority creditor's name and mailing address Valcom Salt Lake City LC - VLCM 852 E Arrowhead LN Salt Lake City, UT 84107	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: _____
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.222	Nonpriority creditor's name and mailing address VCPI 1555 N Rivercenter DR #202 Milwaukee, WI 53212	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Notice only</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)	
Name			
3.223	Nonpriority creditor's name and mailing address VSP 3333 Quality DR Rancho Cordova, CA 95670 Date(s) debt was incurred _____ Last 4 digits of account number <u>3469</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224	Nonpriority creditor's name and mailing address WA DEPT OF REVENUE PO BOX 34974 Seattle, WA 98124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$77,707.71
3.225	Nonpriority creditor's name and mailing address WA Dept of Revenue Attn Brian Pickering 734 E First St # Suite B Port Angeles, WA 98362 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70,000.00
3.226	Nonpriority creditor's name and mailing address WASHINGTON ALARM, INC 2030 AIRPORT WAY S Seattle, WA 98134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.15
3.227	Nonpriority creditor's name and mailing address WASHINGTON AUTOMATED INC 5801 23RD DR W #103 Everett, WA 98203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.228	Nonpriority creditor's name and mailing address WASHINGTON HEALTH CARE ASSOC 303 CLEVELAND AVE SE TUMWATER, WA 98501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,029.84
3.229	Nonpriority creditor's name and mailing address West Coast Grease Traps LLC 10926 Valley Ave E Puyallup, WA 98372 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	University Place Rehabilitation Center, LLC	Case number (if known)
Name _____		
3.230	Nonpriority creditor's name and mailing address WhistleBlower Security Inc 1455 Bellevue Ave. #300 West Vancouver, BC V7T 1C3 CANADA	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Notice only</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.231	Nonpriority creditor's name and mailing address WILLAMETTE DENTAL GROUP 3866 S 74th STREET#200 TACOMA, WA 98409	As of the petition filing date, the claim is: Check all that apply. \$2,130.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: _____
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.232	Nonpriority creditor's name and mailing address WILSON AIR TECHNOLOGIES INC 5045 S Yakima Ave Tacoma, WA 98408	As of the petition filing date, the claim is: Check all that apply. \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Notice only</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	James B. Zack 1420 Fifth Avenue Suite 4200 Seattle, WA 98101	Line <u>3.205</u> <input type="checkbox"/> Not listed. Explain _____	-
4.2	Michael Ackerman 10960 Wilshire Boulevard Suite 1225 Los Angeles, CA 90077	Line <u>3.205</u> <input type="checkbox"/> Not listed. Explain _____	-
4.3	WA Atty General Bankruptcy & Collection Unit 800 Fifth Ave #2000 Seattle, WA 98104	Line <u>3.71</u> <input type="checkbox"/> Not listed. Explain _____	-
4.4	WA Atty General Bankruptcy & Collection Unit 800 Fifth Ave #2000 Seattle, WA 98104	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	-
4.5	WA Atty General Bankruptcy & Collection Unit 800 Fifth Ave #2000 Seattle, WA 98104	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	-

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor **University Place Rehabilitation Center, LLC**
Name _____

Case number (if known) _____

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>1,387,547.56</u>
5b.	+ \$ <u>6,677,015.17</u>
5c.	\$ <u>8,064,562.73</u>

Fill in this information to identify the case:

Debtor name **University Place Rehabilitation Center, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name **University Place Rehabilitation Center, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Irving Bauman** **c/o Daniel Reiss**
102500 Constellation Blvd
Suite 1700
Los Angeles, CA 90067 D _____
 E/F _____
 G _____

2.2 **Renton H.C.R.** **80 SW 2nd Street**
Renton, WA 98057 D _____
 E/F _____
 G _____

2.3 **Sammy Zack** **7304 Beverly Blvd, #238**
Los Angeles, CA 90036 D _____
 E/F _____
 G _____

2.4 **Talbot R.C.** **4430 Talbot Road South**
Renton, WA 98055 D _____
 E/F _____
 G _____

Fill in this information to identify the case:

Debtor name **University Place Rehabilitation Center, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF WASHINGTON**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

For year before that:

From **1/01/2021** to **12/31/2021**

Operating a business

Operations through sale closing date of
March 19, 2021

\$1,682,380.00

Other

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

3.1. **To be provided.**

\$0.00

Secured debt
 Unsecured loan repayments
 Suppliers or vendors
 Services
 Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments

listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
5. Repossessions, foreclosures, and returns			
List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.			

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Caviezel v. University Place Rehabilitation Center, LLC et al 20-2-07640-1	Medical negligence	Pierce County Superior Court 930 Tacoma Ave. S, Rm. 110 Tacoma, WA 98402	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2. Teresa Moseley v. University Place Rehabilitation Center LLC 22-2-06121-4	Personal Injury	Pierce County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.3. Keith Savory v. University Place Rehabilitation Center 21-2-08773-9	Wrongful Death	Pierce County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.4. Miguel Mendoza Maldonado v. University Place Rehabilitation Center LLC et al 22-2-04820-0	Personal Injury	Pierce County Superior Court	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</small>	Dates of loss	Value of property lost
<small>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>			

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. The Tracy Law Group PLLC 1601 5th Ave., Ste 610 Seattle, WA 98101		5-5-2023	\$20,000.00

Email or website address
todd@thetracylawgroup.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
Address 13.1 IRS Centralized Insolvency Ops POB 7346 Philadelphia, PA 19101-7346	ERTC credit applied to outstanding tax balance. Outstanding tax balance exceeds ERTC credit	12-19-2022	\$521,452.73
Relationship to debtor			_____

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
14.1. 5520 Bridgeport Way W University Place, WA 98467	2017-March 19, 2021

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. University Place Rehabilitation Center 5520 Bridgeport Way W University Place, WA 98467	Formerly operated as a Skilled Nursing Facility. Bankruptcy Court approved sale of substantially all of the assets in case no. 20-42800. Sale closed on March 19, 2021. Debtor ceased all operations upon closing	_____
Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.		How are records kept?
Same		<i>Check all that apply:</i>
<input checked="" type="checkbox"/> Electronically		
<input checked="" type="checkbox"/> Paper		

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**Resident records**

Does the debtor have a privacy policy about that information?

 No Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

No Go to Part 10.

Yes. Fill in below:

Name of plan

Eclipse Healthcare Management, Inc. 401(k)

Employer identification number of the plan

EIN: 82-2586350

Has the plan been terminated?

No

Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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26a.1. **Axiom Healthcare Group**
2351 Sunset Blvd #170-897
Rocklin, CA 95765

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26c.1. **Axiom Healthcare Group
1209 Pleasant Grove Blvd
Roseville, CA 95678**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Irving Bauman	c/o Daniel Reiss 2818 La Cienega Ave Los Angeles, CA 90034	Member	50%
Name	Address	Position and nature of any interest	% of interest, if any
Samuel Zack	7304 Beverly Blvd #238 Los Angeles, CA 90036	Member	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation
--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 21, 2023

/s/ Samuel Zach

Signature of individual signing on behalf of the debtor

Samuel Zach

Printed name

Position or relationship to debtor Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court
Western District of Washington

In re University Place Rehabilitation Center, LLC

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 19,662.00
Prior to the filing of this statement I have received	\$ 0.00
Balance Due	\$ 19,662.00

2. \$ **338.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify): **Itta Bauman**

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Initial consultation; Preparation and filing of Bankruptcy Petition; Preparation of a Statement of Financial Affairs and Schedules; Appearance at the § 341 Meeting of Creditors; Communications as necessary with creditors; Communications with the Chapter 7 Trustee; Responses to inquiries by the Chapter 7 Trustee, creditors, or regulatory authorities, including providing information as requested by the Chapter 7 Trustee, creditors or regulatory authorities; Preparation of Statement of Intent to Redeem or Reaffirm and negotiation of Reaffirmation Agreement, if necessary; Representation of Client in defense of proper exemptions; Amendments to the Bankruptcy petition, schedules and/or Statement of Financial Affairs; and Communicating with the Client and its principals regarding all tasks in this Section 1.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, contested relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

June 21, 2023

Date

/s/ J. Todd Tracy WSBA

J. Todd Tracy WSBA #17342

Signature of Attorney

The Tracy Law Group PLLC

1601 Fifth Ave. Ste 610

Seattle, WA 98101

206-624-9894 Fax: 206-624-8598

Name of law firm

**United States Bankruptcy Court
Western District of Washington**

In re University Place Rehabilitation Center, LLC _____ Case No. _____
Debtor(s) Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

I, the Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: June 21, 2023

/s/ Samuel Zach
Samuel Zach/Member
Signer>Title

3WIRE LLC
PO BOX 102205
PASADENA, CA 91189-2205

A AND R PRESSURE WASHING-STEAM
PO BOX 45312
TACOMA, WA 98448

A PLUS HEALTHCARE LLC
6721 REGENTS BLVD
TACOMA, WA 98466

ACCELERATED CARE PLUS (RENT)
13828 COLLECTIONS CTR DR
CHICAGO, IL 60693

ADP INC
PO BOX 842875
BOSTON, MA 02284-2875

ADVANCE BUSINESS CAPITAL
701 CANYON DR #105
COPPELL, TX 75019

AIR MANAGEMENT SOULTIONS LLC
5822 W WERNER RD
BREMERTON, WA 98312

AIRE PRO INC
2921 MERIDIAN AVENUE E
PUYALLUP, WA 98371

ALLSCRIPTS
24630 NETWORK PLACE
CHICAGO, IL 60673-1246

ALLSTREAM
PO BOX 734521
CHICAGO, IL 60673-4521

AMERICAN LANDSCAPE SERVICES, LLC
P.O. BOX 8327
LACEY, WA 98509-8327

AMERICAN TECH CORP
PO BOX 39036
LAKEWOOD, WA 98499

AMF FINANCIAL SERVICES
405 S SCIENCE DRIVE
MOORPARK, CA 93021

AMN HEALTHCARE ALLIED INC
PO BOX 281939
ATLANTA, GA 30384

ANN KERSHUL C/O UNIVERSITY PL.
5520 BRIDGEPORT WAY W #2041
UNIVERSITY PLACE, WA 98467

APA BENEFITS
8899 S 700 EAST #225
SANDY, UT 84070

APPLOI CORP
450 LEXINGTON AVE #839
NEW YORK NY 10163

ASSET PROTECTION UNIT, INC
P.O. BOX 33061
AMARILLO, TX 79120

ASURINT
1111 SUPERIOR AVENUE E.
CLEVELAND, OH 44114

ATS TRANS, LLC
2220 S TACOMA WAY STE B
TACOMA, WA 98409

AUBURN MECHANICAL, INC
PO BOX 249
AUBURN, WA 98071

AVALON HEALTH CARE GROUP
206 N 21000 WEST
SALT LAKE CITY, UT 84116

AXIOM HEALTHCARE GROUP
2351 SUNSET BLVD #170-897
ROCKLIN, CA 95765

BANK DIRECT CAPITAL FINANCE
150 N FIELD DR #190
LAKE FOREST, IL 60045-0230

BANKDIRECT CAPITAL FINANCE
PO BOX 660448
DALLAS, TX 75266-0448

BARGREEN ELLINGSON INC
6626 TACOMA BLVD #B
TACOMA, WA 98409

BELLEVUE HEALTHCARE
ATTN: ALICIA
2015 152ND AVE NE
REDMOND, WA 98052-5521

BENJAMIN MEDICAL, PLLC
1340 ALLEGHENY CT SE
OLYMPIA, WA 98503

BIEHL & BIEHL, INC.
PO BOX 87410
CAROL STREAM, IL 60188-7410

BRIGGS MEDICAL SERVICES CO.
4900 UNIVERSITY AVE #200 WEST
DES MOINES, IA 50266

BRIGHTON REHABILITATION LLC
206 NORTH 2100 WEST
SALT LAKE CITY, UT 84116

BUILDING ENGINES, INC.
33 ARCH STREET, #3200
BOSTON, MA 02110

C.F. FRANKLIN L.P.
2980 BEVERLY GLEN CIRCLE
SUITE 300
LOS ANGELES, CA 90077

CALCULATED RESEARCH & TECH.
629 E QUALITY DR.
AMERICAN FORK, UT 84003

CANON FINANCIAL SERVICES INC
14904 COLLECTIONS CTR DR
CHICAGO, IL 606930149

CANON SOLUTIONS AMERICA INC
15004 COLLECTIONS CTR DR
CHICAGO, IL 60693

CAREERSTAFF UNLIMITED INC
PO BOX 301076
DALLAS, TX 75303

CARING HANDS STAFFING
PO BOX 44181
TACOMA, WA 98448

CASCADE FIRE & SECURITY
PO BOX 7459
COVINGTON, WA 98042

CENTURYLINK
PO BOX 91155
SEATTLE, WA 98111-9255

CHARLIE CARDINAL VOICEOVER
ARTIST/ENTER
8501 WILLOWWOOD CIR SW
TACOMA, WA 98498

CITY OF TACOMA
PO BOX 11010
TACOMA, WA 98411-1010

CLINICAL RESOURCES LLC
3338 PEACHTREE ROAD NE #102
ATLANTA, GA 30326

COLONIAL LIFE PREMUIM PROCESS
PO BOX 903
COLUMBIA, SC 29202-0903

COMCAST - BUSINESS
PO BOX 60533
CITY OF INDUSTRY, CA 91716-0533

COMFORT SYSTEMS USA
3602 S. PINE STREET
TACOMA, WA 98409

COMMUNICATION SOLUTIONS LLC
9927 NE 144TH LANE #808
KIRKLAND, WA 98034

CONCENTRA MEDICAL CENTERS
PO BOX 3700
RANCHO CUCAMONGA, CA 91729-3700

COORDINATED CARE
CENTENE MANAGEMENT CORP
164 DIVISION ST #703-4
ELGIN, IL 60120

CREST HEALTHCARE SUPPLIES
PO BOX 727
DASSEL, MN 55325-0727

CROSS CULTURAL COMMUNICATIONS
INC
P O BOX 2166
SUMNER, WA 98390

DAVIS DOOR SERVICES INC
2021 S GRAND ST
SEATTLE, WA 98144

DELTA DENTAL OF CALIFORNIA
PO BOX 44460
SAN FRANCISCO, CA 94144-0460

DEP OF LABOR & INDUSTRIES WA
PO BOX 24106
SEATTLE, WA 98124-6524

DEPARTMENT OF ECOLOGY
PO BOX 34050
SEATTLE, WA 98124

DEPARTMENT OF HEALTH
PO BOX 1099
OLYMPIA, WA 98507-1099

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN, UT 84201-0035

DEPENDABLE NURSING SERVICES
33305 1ST WAY SOUTH B-100
FEDERAL WAY, WA 98003

DEPT OF SOCIAL & HEALTH SRVCS
PO BOX 9501
OLYMPIA, WA 98507-9501

DEPT. OF LABOR & INDUSTRIES
PO BOX 34974
SEATTLE, WA 98124-1974

DEPT. OF LABOR & INDUSTRIES
BOILER PRESSURE
VESSEL SECTION
PO BOX 44410
OLYMPIA, WA 98504-4410

DIETITIAN CONSULTING SERVICE
8015 SE 28TH ST #304
MERCER ISLAND, WA 98040

DILIGENT HEALTHCARE STAFFING
33530 1ST WAY S #102
FEDERAL WAY, WA 98003

DIRECT SUPPLY INC
ATTN: FINANCIAL SERVICES
6767 N INDUSTRIAL ROAD
MILWAUKEE, WI 53223

DIRECTV
P.O. BOX 5006
CAROL STREAM, IL 60197-5006

DIRECTV
P.O. BOX 105249
ATLANTA, GA 30348-5249

DIRECTV 7042
PO BOX 105249
ATLANTA, GA 30348-5249

DOUGLAS P WORNELL
PO BOX 414
FOX ISLAND, WA 98333-0414

DRAIN AWAY PLUMBING, INC.
P. O. BOX 656
AUBURN, WA 98071

DRAIN PRO, INC.
5111 85TH AVE E BUILDING C-2
PUYALLUP, WA 98371

DSHS OFFICE OF FIN. RECOVERY
P.O. BOX 9501
OLYMPIA, WA 98507-9501

ECOLAB - MONTHLY
PO BOX 100512
PASADENA, CA 91189

ECOLAB - SUPPLIES
PO BOX 100512
PASADENA, CA 91189-0512

EMPLOYMENT SECURITY DEPARTMENT
UI TAX AND WAGE ADMINISTRATION
PO BOX 9046
OLYMPIA, WA 98507-9046

F&F ASSOCIATES DBA CONSONUS
ATTN: COURTNEY CORDA
4560 SE INTERNATIONAL WAY #100
MILWAUKIE, OR 97222

FEDEX (7221)
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GG ELECTRIC INC.
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GRAINGER (MO)
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GRAINGER - IL
GRAINGER - DEPT. 810288357
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ITW FOOD EQUIP GROUP LLC
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CAROL STREAM, IL 60132-2517

HUNT'S SERVICES
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INDEPENDENCE REHAB LLC
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INMOTION IMAGING LLC
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INTERSTATE CAPITAL CORPORATION
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LIBERTY DISTRIBUTING, INC
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MEDICAL SOLUTIONS LLC
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NEOPOST USA INC
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THE REPAIR WORKS
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BANKRUPTCY UNIT
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WASHINGTON AUTOMATED INC
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WILLAMETTE DENTAL GROUP
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TACOMA, WA 98409

WILSON AIR TECHNOLOGIES INC
5045 S YAKIMA AVE
TACOMA, WA 98408

**United States Bankruptcy Court
Western District of Washington**

In re University Place Rehabilitation Center, LLC

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for University Place Rehabilitation Center, LLC in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

June 21, 2023

Date

/s/ J. Todd Tracy WSBA

J. Todd Tracy WSBA #17342

Signature of Attorney or Litigant

Counsel for University Place Rehabilitation Center, LLC

The Tracy Law Group PLLC

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